

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

WellCare Health Plans of Kentucky, Inc.
72001
1/1/2016

State: KY
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		WellCare HMO					
Product ID:		72001KY001					
Metal:		Catastrophic	Silver	Gold	Bronze	Silver	Gold
AV Metal Value		0.612	0.718	0.820	0.618	0.718	0.814
AV Pricing Value		0.674	0.010	0.010	0.826	0.898	1.059
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		WellCare Catastrophic	WellCare Silver	WellCare Gold	WellCare Bronze	WellCare Silver	WellCare Gold
Plan ID (Standard Component ID):		72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006
Exchange Plan?		Yes	No	No	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%					
Historical Rate Increase - Calendar Year - 1		0.00%					
Historical Rate Increase - Calendar Year 0		0.00%					
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		16.41%	-9.95%	-14.12%	0.00%	-9.95%	-14.12%
Cum'tive Rate Change % (over 12 mos prior)		16.41%	-9.95%	-14.12%	-999.00%	-9.95%	-14.12%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		-10.98%					

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006
Inpatient	#DIV/0!	-\$5.30	-\$5.30	-\$5.30	\$0.00	-\$5.30	-\$5.30
Outpatient	#DIV/0!	-\$8.11	-\$8.11	-\$8.11	\$0.00	-\$8.11	-\$8.11
Professional	#DIV/0!	-\$11.56	-\$11.56	-\$11.56	\$0.00	-\$11.56	-\$11.56
Prescription Drug	#DIV/0!	-\$0.02	-\$0.02	-\$0.02	\$0.00	-\$0.02	-\$0.02
Other	#DIV/0!	-\$0.70	-\$0.70	-\$0.70	\$0.00	-\$0.70	-\$0.70
Capitation	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	-\$3.46	-\$3.46	-\$3.46	\$0.00	-\$3.46	-\$3.46
Taxes & Fees	#DIV/0!	\$3.42	\$3.42	\$3.42	\$0.00	\$3.42	\$3.42
Risk & Profit Charge	#DIV/0!	-\$5.37	-\$5.37	-\$5.37	\$0.00	-\$5.37	-\$5.37
Total Rate Increase	#DIV/0!	-\$31.10	-\$31.10	-\$31.10	\$0.00	-\$31.10	-\$31.10
Member Cost Share Increase	#DIV/0!	\$2.20	\$2.20	\$2.20	\$0.00	\$2.20	\$2.20

Average Current Rate PMPM	\$318.12	\$148.46	\$381.21	\$406.28		\$381.21	\$406.28
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Projected Member Months	59,104	976	0	0	10,083	34,403	13,642
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Section III: Experience Period Information

Premium Information	Plan ID (Standard Component ID):	Total	72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006
	Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Member Months	0	0	0	0	0	0	0
	Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TP, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Premium Information	Plan ID (Standard Component ID):	Total	72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006
	Plan Adjusted Index Rate	\$370.25	\$271.75	\$379.87	\$448.79	\$332.98	\$361.67	\$426.47
	Member Months	59,104	976	-	-	10,083	34,403	13,642
	Total Premium (TP)	\$21,883,102	\$265,228	\$0	\$0	\$3,357,437	\$12,442,533	\$5,817,904
	EHB Percent of TP, [see instructions]	99.75%	99.48%	99.76%	99.79%	99.72%	99.75%	99.78%
	state mandated benefits portion of TP that are other than EHB	0.25%	0.52%	0.24%	0.21%	0.28%	0.25%	0.22%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$24,947,120	\$236,673	\$0	\$0	\$4,236,943	\$14,520,099	\$5,953,405

Claims Information	EHB Percent of TAC, [see instructions]	99.82%	99.69%	99.82%	99.83%	99.82%	99.82%	99.83%
	state mandated benefits portion of TAC that are other than EHB	0.18%	0.31%	0.18%	0.17%	0.18%	0.18%	0.17%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation	\$8,123,034	\$107,152	\$0	\$0	\$1,644,349	\$4,911,467	\$1,460,066
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$1,990,900	\$0	\$0	\$0	\$0	\$1,990,900	\$0
	Portion of above payable by HHS on behalf of insured person, as %	24.51%	0.00%	#DIV/0!	#DIV/0!	0.00%	40.54%	0.00%
	Total Incurred claims, payable with issuer funds	\$16,824,086	\$129,521	\$0	\$0	\$2,592,594	\$9,608,632	\$4,493,339
	Net Amt of Rein	\$804,391	\$9,749	\$0	\$0	\$123,414	\$457,368	\$213,860
	Net Amt of Risk Adj	\$92,845	\$1,125	\$0	\$0	\$14,245	\$52,791	\$24,684



